

# CALIFORNIA'S HEALTH

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## INFANT MORTALITY IN CALIFORNIA 1920-1945\*

"Infant mortality is the most sensitive index of sanitary improvement which we possess. If babies are well born and well cared for their mortality would be negligible."—Sir Arthur Newsholme.

Since 1920 infant mortality rates in California have shown a downward trend. Despite the tremendous social upheavals of this 25-year period and the strains on medical facilities which they have caused, the State's infant mortality rate dropped from 75 infant deaths per thousand births in 1920 to 32.5 in 1945—the lowest rate in the history of the State up to that time. (Table I). In the same year, the number of live births was 183,412, higher than any number recorded in California in prior years.

In general, the State's experience has been similar to that of the Nation, although we have consistently retained a rate considerably below the national average.

When compared with the other states on the basis of 1944 residence data, California is found to share the fifteenth lowest position with Indiana, both having a rate of 34.5 infant deaths per thousand live births. Included among the 14 other states having lower rates in 1944 were Oregon and Washington, our Pacific Coast neighbors.

### Causes of Death

The decrease in the infant mortality rate since 1920 has been due primarily to an elimination of the hazards to infant life which exist after the first month.

The battle against neonatal death—death in the first month of life—shows a different trend. Over 70 percent of the deaths during the first year of life in 1945 were due to neonatal causes. This is actually a larger percentage than in 1920, again emphasizing the

fact that reduction in infant mortality rates has been accomplished by reducing deaths of infants after the first month of life.

Leading cause of infant mortality in 1945 (Table II) was premature birth. This condition accounted for over 1900 infant deaths, almost all in the first month of life. Other leading causes of death such as congenital malformation, injury at birth, diseases peculiar to the first year of life—all took a majority of their victims in the first year of life. Of the seven leading causes of death, only three others—broncho and lobar pneumonia, and infant diarrhea—constitute a major threat to the infant after the first month.

### California's Problem

Several important facts which make California's problem unique are the tremendous growth of the State in the period of the study; the distribution of certain segments of the population in sparsely settled, scattered, mountainous areas which are inaccessible during parts of the year; and large groups of foreign national and migrant laborers whose economic status does not permit proper ante or post partum care for mothers and pre- and post-natal care for children. The rural areas with large numbers of migrant laborers are those which have had the highest infant mortality rates.

Compared with national figures, it is a striking fact that California's rural infant mortality rate has been consistently higher than the urban rate over the past 25 years. This differs materially from the national picture in which rural rates were, until the past 10 years, lower than urban.

\*From studies made by the Bureau of Maternal and Child Health, Division of Preventive Medical Services.

### Further Reduction

Further significant reduction in the infant mortality rate rests upon the solution of two problems:

1. Hazards in the first month of life.
2. Lack of facilities for medical care, hospitalization and health education in rural areas.

The disproportionate death rate in the first month of life has already been shown. Reduction of these hazards can be accomplished through the provision of adequate prenatal and delivery care for those who do not now receive proper treatment. Since 95 percent of the births in this State occur in hospitals, it is a problem which must be attacked cooperatively by practicing physicians, obstetricians, hospitals and official health agencies.

The problem of some areas, however, consists not only of neo-natal dangers, but those of the entire first year of life. In these areas, for the most part rural, high infant mortality rates mean that the reduction of mortality among old infants—a problem which other areas of the State have solved—has not yet taken place. To consider the rural problem, it is necessary to study infant mortality by counties.

### Mortality by Counties

In spite of the favorable trend in infant mortality rates in the State as a whole from 1920-1945, there was still a wide variation in the rates for various counties at the end of this period. The range, in large counties where these data may be considered significant, was from 22.8 (Stanislaus) to 57.5 (Imperial). Shasta and Tulare Counties also had rates above 50 in 1945.

In order to show the trend more clearly, a statistical summary of infant mortality rates in California counties for the average of the five-year periods from 1920-24 and 1940-44 is presented below. (Tables 3 and 4)\*

The data used are by place of occurrence since residence data are not available for all years.

In the 1920-24 period, the highest rate for any county was 154.4 for Imperial. (This high rate may be due in part to underregistration of births.) Although Imperial has shared with other counties in the downward trend of infant mortality, showing a substantial decrease from 1920 to 1945, that county now stands where the State stood 25 years ago.

Other counties which have had average infant mortality rates among the 10 highest in three or more of the five-year periods from 1920 to 1944, arranged by their geographic location in county groups are shown on the following tabulation:

Name of county	Number of five-year periods			County group
	3	4	5	
San Benito			x	Central Coast
Imperial			x	Southern California
Ventura			x	Southern California
Riverside	x			Southern California
San Bernardino	x			Southern California
Kern	x			San Joaquin Valley
Kings			x	San Joaquin Valley
Madera		x		San Joaquin Valley
Tulare	x			San Joaquin Valley

Counties which have had infant mortality rates among the lowest 10 (exclusive of counties which had an average of less than 20 deaths per year) and their geographic locations in county groups are given below:

Name of county	Number of five-year periods			County group
	3	4	5	
Humboldt		x		North Coast
Sonoma			x	North Coast
Solano	x			Sacramento Valley
Stanislaus	x			San Joaquin Valley
Alameda			x	San Francisco Bay
San Francisco			x	San Francisco Bay
San Mateo			x	San Francisco Bay
Los Angeles	x			Southern California
San Diego			x	Southern California

Data for 1945 show that the highest rate of this year, which can be considered significant, was among the San Joaquin Valley Group (Counties of Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare.) This is in agreement with the trend shown throughout the 25-year period as evidenced by the fact that four of the nine counties with average rates among the 10 highest in three or more five-year periods were in the San Joaquin Valley Group.

The lowest infant mortality rate for a county with 20 or more infant deaths in 1945 was 22.8 for Stanislaus County. Alameda, Humboldt, Los Angeles, San Diego, San Francisco, San Mateo and Sonoma Counties had infant mortality rates among the lowest 10 county rates in the State. This is in accord with the trend for these counties throughout the five-year periods from 1920-1945.

Further investigation is needed of causes of infant mortality by age groups for each county to determine possible relationships between certain causes and the consistently high rates seen in some areas. Studies should include analysis of infant mortality rates by place of residence in recent years to eliminate the effects of intercounty hospitalization for births. There is a need for study of infant mortality by cause and age group, both by place of residence and by place of occurrence.

### Summary

1. Infant mortality rates in California have shown a downward trend since 1920.
2. California's 1944 infant mortality rate was bettered by 14 other states.

\*A detailed report on infant mortality in California counties from 1920-1945 is available from the Bureau of Maternal and Child Health, State Department of Public Health.

3. Deaths in the first month of life account for a large majority of the infant deaths in California. The leading cause of infant deaths in this State in 1945 was premature birth.

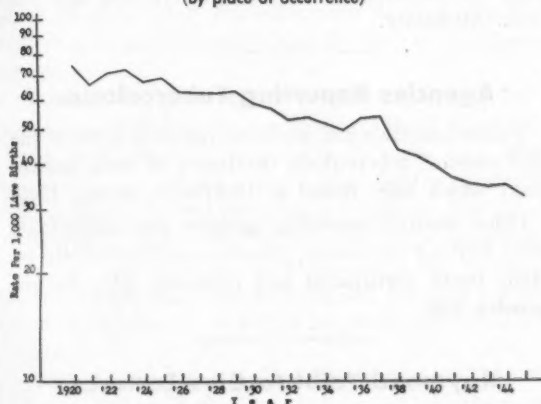
4. Lack of facilities, medical care, and education constitute a major problem in further reducing the infant mortality rate in certain rural areas of California. Absence of these facilities have prevented certain rural areas from making as much progress in infant mortality reduction as other parts of the State.

5. Infant mortality studies by counties from 1920 to 1945 show that certain of California's counties have had a consistently high rate, and that others have been consistently low.

Figure 1

### Infant Mortality Rates—California, 1920-1945

(By place of occurrence)



SOURCE: Table I.

Table I

### Live Births and Infant Mortality California, 1920-1945

(By place of occurrence)

Year	Live births	Infant mortality Number	Rate
1920	67,198	5,043	75.0
1921	72,438	4,804	66.3
1922	73,321	5,210	71.1
1923	80,237	5,846	72.8
1924	86,899	5,832	67.1
1925	85,492	5,855	68.5
1926	82,372	5,180	62.9
1927	84,334	5,268	62.5
1928	83,643	5,220	62.4
1929	81,498	5,139	63.1
1930	84,382	4,945	58.6
1931	81,553	4,609	56.5
1932	78,108	4,125	52.8
1933	75,229	4,022	53.5
1934	78,442	4,047	51.6
1935	80,222	3,973	49.5
1936	84,460	4,478	53.0
1937	94,286	5,060	53.7
1938	101,617	4,450	43.8
1939	103,656	4,367	42.1

Table I—Continued  
Live Births and Infant Mortality  
California, 1920-1945  
(By place of occurrence)

Year	Live births	Infant mortality Number	Rate
1940	111,840	4,428	39.6
1941	125,052	4,579	36.6
1942	153,120	5,382	35.1
1943	173,103	5,981	34.6
1944	176,988	6,158	34.8
1945	183,412	5,969	32.5

NOTE: The infant mortality rate is the number of deaths of infants under one year per 1,000 live births.

SOURCE: California State Department of Public Health, Biennial Reports, 1920-1922 through 1938-1940, Triennial Report, 1940-1942 and Reports from Bureau of Vital Statistics.

Table II

### Leading Causes of Infant Death California, 1945

Cause	Neonatal (under 1 month)	Infant (under 1 year)
1. Premature Birth (cause not stated)	1,958	1,981
2. Congenital Malformations	523	795
3. Injury at Birth	718	706
4. Bronchopneumonia	142	543
5. Conditions Peculiar to First Year of Life	444	447
6. Diarrhea	79	419
7. Lobar Pneumonia	31	159
8. Disease of the Thymus Gland	38	127
9. Accidental Mechanical Suffo- cation	13	93
10. Congenital Debility (cause not stated)	36	67

Table III

### Five-year Average Infant Mortality Rates Counties of California, by Rank Order of Rates

1920-1924

(By place of occurrence)

Rank order	County	Av. rate	Rank order	County	Av. rate
1	Imperial	154.4	22	Santa Clara	66.3
2	Ventura	128.8	23	Inyo	64.3
3	San Bernardino	110.9	24	Madera	64.1
4	Riverside	106.5	24	Santa Barbara	64.1
5	Kings	101.8	25	Solano	62.3
6	Orange	95.2	26	Contra Costa	61.7
7	Lake	84.6	26	Stanislaus	61.7
8	Fresno	82.6	27	Siskiyou	61.6
9	San Benito	76.7	27	Monterey	61.6
10	Kern	76.1	28	Alameda	61.3
11	Merced	75.6	29	San Luis Obispo	59.9
12	Tulare	73.7	30	San Diego	58.0
13	Shasta	71.2	31	Lassen	57.9
14	Los Angeles	71.1	32	Butte	57.0
15	San Joaquin	70.6	33	San Francisco	56.6
16	Amador	69.0	34	Yolo	54.6
17	Plumas	68.6	35	San Mateo	53.9
18	Tehama	68.0	36	Sutter	53.7
19	Humboldt	67.8	37	Marin	52.2
20	Sacramento	67.3	38	Nevada	52.0
21	Tuolumne	66.6	38	Sonoma	52.0



Table III—Continued  
Five-year Average Infant Mortality Rates  
Counties of California, by Rank Order of Rates  
1920-1924

(By place of occurrence)

Rank order	County	Av. rate	Rank order	County	Av. rate
39	Modoc	51.1	46	Napa	46.6
40	Mendocino	51.0	47	El Dorado	46.0
41	Del Norte	50.9	48	Glenn	43.7
42	Placer	50.2	49	Calaveras	33.6
43	Santa Cruz	49.6			
44	Colusa	48.8		California, total	70.3
45	Yuba	48.5			

NOTE: Italicized rates are for an average of less than 20 infant deaths per year. Only counties with an average of 50 or more live births per year are included. The counties excluded are Alpine, Mariposa, Mono, Sierra and Trinity. The rate for California is based on total live births and infant deaths which occurred in the State.

SOURCE: California State Department of Public Health, Bureau of Vital Statistics Reports for 1920-1924.

Table IV  
Five-year Average Infant Mortality Rates  
Counties of California, by Rank Order of Rates  
1940-1944

(By place of occurrence)

Rank order	County	Av. rate	Rank order	County	Av. rate
1	Imperial	78.6	28	Stanislaus	37.0
2	Amador	64.3	29	Placer	36.6
3	El Dorado	55.9	30	Modoc	35.9
4	San Benito	52.9	31	Siskiyou	35.6
5	Calaveras	52.1	32	Santa Cruz	35.4
6	Ventura	49.8	33	Napa	35.3
7	Shasta	49.7	34	Del Norte	35.0
8	Kings	48.4	35	Sacramento	34.8
9	Tulare	48.1	35	San Diego	34.8
10	Madera	47.9	36	Santa Clara	34.4
11	Merced	47.0	37	Tehama	33.9
12	Riverside	46.4	38	Nevada	32.5
13	Yuba	45.7	39	Los Angeles	32.4
14	Orange	45.6	40	Solano	32.3
15	Lake	45.5	41	Sonoma	32.1
16	San Bernardino	45.2	42	Lassen	32.0
17	Fresno	44.3	43	Alameda	31.6
18	Kern	44.1	44	Sutter	31.3
19	Inyo	42.2	45	San Francisco	30.9
20	Butte	41.6	46	Glenn	30.7
21	Monterey	39.9	47	Humboldt	30.1
22	San Joaquin	39.1	48	Colusa	29.9
23	Plumas	38.8	49	Marin	28.9
24	Contra Costa	38.3	50	Tuolumne	28.4
24	Mendocino	38.3	51	San Mateo	27.3
25	San Luis Obispo	38.1			
26	Santa Barbara	37.7		California, total	35.8
27	Yolo	37.1			

NOTE: Italicized rates are for an average of less than 20 infant deaths per year. Only counties with an average of 50 or more live births per year are included. The counties excluded are Alpine, Mariposa, Mono, Sierra and Trinity. The rate for California is based on total live births and infant deaths which occurred in the State.

SOURCE: California State Department of Public Health, Vital Statistics Records for 1940-1944.

### Pulmonary Tuberculosis

A total of 7,561 of the 8,079 tuberculosis cases reported to the State Department of Public Health in 1946 were pulmonary in type.

### Mobile X-ray Units Extend Service to State Colleges

Through its mobile X-ray units, the Tuberculosis Service, State Department of Public Health, is now expanding its operations to include surveys in state colleges which do not now have such service.

This program was agreed upon following conferences between representatives of this department and the State Department of Education.

All state colleges but the two which now have equipment available for chest X-rays will be served by the mobile units. The program got underway with a survey at San Diego State College during September.

The mobile units of this department already provide X-ray services to state institutions operated by three other state agencies—the Department of Corrections, the Department of Mental Hygiene, and the Youth Authority.

### Agencies Reporting Tuberculosis

Public hospitals and sanatoria reported 2,258 of the 8,877 cases of tuberculosis (exclusive of state institutions) which were found in California during 1946.

Other leading reporting agencies and individuals were: Private physicians, private hospitals and clinics, 1,963; death certificates and coroners, 928; federal agencies, 458.

### Raymond Taibl to Give Lectures

Raymond Taibl, Supervising Physical Therapist, State Department of Public Health, is giving a series of 12 lectures on "The Cerebral Palsied Child" for the University of California Extension Division in Los Angeles this fall.

Mr. Taibl's weekly lectures, which began September 26th, are open to parents, teachers and physical therapists.

### Richmond Health Department Moved

Offices of the Richmond City Health Department are now located in the Permanente Medical Center Building, 539 South 14th Street, Richmond.

The move was made necessary by the limitation of space at the Richmond City Hall which formerly housed the department.

All divisions of the local department have moved to the new quarters, and it is planned that certain clinics will move to the new location at a later date.

The phone number remains the same as before—Richmond 5200.

# California Typhus Fever Study Reported

The history and epidemiology of typhus fever in California, present reservoirs of infection in the State and the spread of these foci are discussed in a report, "Typhus Fever in California, 1916-1945, Inclusive," by M. Dorothy Beck and Alwine van Allen in *The American Journal of Hygiene*, May 1947.

The report describes an epidemiologic and field laboratory study conducted by the State Department of Public Health and is to be published in more detail in a bulletin to be issued by the department. Following is a digest of the report.

## Epidemiology

During the 30 years ending with 1945, there were reported in California 384 cases of typhus fever of which 21 were fatal. The cases were divided into two distinct epidemiologic periods on the basis of the apparent vector.

During the first epidemiologic period, 1916-17, louse-borne epidemic typhus was introduced into California from Mexico. There were 32 cases with four deaths reported in and near railroad section camps in eight counties. All but two cases were among Mexicans. The outbreak was controlled by delousing and quarantine measures in railroad camps and at the Mexican border. Apparently, typhus fever did not gain a foothold in California at this time. No cases were reported in 1918.

During the second epidemiologic period, 1919-45 inclusive, 362 cases of typhus fever and 17 deaths were reported from nine counties. The cases were concentrated in five southern counties where flea-borne murine typhus fever has become established. These counties reported the following cases during this period: Los Angeles, 242; San Diego, 64; Orange, 13; San Bernardino, 4, and Santa Barbara, 3.

The analysis of the epidemiologic data showed:

1. Cases occurred in California during every month of the year with a slight increase during late summer and fall.
2. The greatest incidence occurred among white males in the 20 to 39-year age groups; however, there is no age-specific immunity.
3. The greatest number of cases occurred among persons engaged in occupations related to food establishments (69 cases); housewives and houseboys ranked second (53 cases).
4. Seventy-five multiple cases occurred in 24 foci. (Two household epidemics were investigated in 1945 with kittens and kitten fleas as the most probable source of infection.)

5. A definite concentration of foci of infection was demonstrated in the business and industrial sections of Los Angeles City. The problem in this county is mainly urban but is extending to rural areas. The problem in San Diego and Orange Counties is both urban and rural.

## Field Studies

Animals were trapped by field crews during the three years, 1943-45. Blood, tissue and ectoparasites were examined by laboratory methods. These field surveys were conducted in the five endemic counties (Los Angeles, San Diego, Orange, San Bernardino and Santa Barbara), in three counties adjacent to the endemic area (Riverside, Imperial and Ventura), and in eight "control" counties (Alameda, Contra Costa, Kern, Kings, San Francisco, San Joaquin, San Luis Obispo and Tulare). A total of 1,731 animals and 157 ectoparasite pools were tested.

Three kinds of rats, *R. norvegicus*, *R. rattus*, *R. alexandrinus*, and house mice, *M. musculus*, were found to be naturally infected with murine typhus fever rickettsiae. Positive animals were demonstrated in the five southern endemic counties listed above and positive ectoparasite pools in three of these endemic counties.

Experimental work was done which demonstrated that the ground squirrel, *C. beecheyi*, may be infected with a murine strain of typhus fever. This animal may be a potential reservoir of infection.

## Human Serologic Survey

A second type of field survey was done to determine, if possible, the extent of missed cases of typhus fever in the population of California by the use of the complement fixation test. A total of 1,973 specimens were analyzed. They were collected from health department laboratories, county hospitals and clinics in 11 counties.

Of 105 specimens from Mexican Nationals who were temporarily in California engaged in agriculture work, 17.1 percent were positive. All 515 specimens from "control" counties (Alameda, Contra Costa, Marin, San Francisco, and Shasta) were negative. The residuum of 1,353 specimens from counties in the southern endemic area showed eight to be positive. Six of these were of Mexican extraction but residents of the State for some length of time.

As a result of these serologic studies it would appear that the incidence of typhus fever is greater below the Mexican border than in the native California population at the present time. Furthermore, Mexico acts as a potential source of cases since a few in the incubation stage cross the border each year.

### **National Hearing Week Planned for November 9-15**

With "Time to Conserve Hearing" as its theme, the National Hearing Society is planning for the observance of National Hearing Week, November 9-15. The national association will be joined by 120 local chapters throughout the country in an attempt to focus public attention on the hearing problem.

An estimated 3,000,000 children in the United States have a hearing loss and millions of adults are hard of hearing, the society reports.

Defects of hearing may have far-reaching social and mental effects on the individuals concerned. As is the case with so many other defects, however, early detection and prompt treatment by competent medical specialists can check trouble in its incipient stage.

In the case of the hard of hearing person, proper rehabilitative action can lead to participation in many of the activities of normal life.

### **Congress Asks States to Cooperate in School Lunch Program**

An appropriation of \$65,000,000 was made by the first session of the 80th Congress for continuation of the school lunch program. The appropriation was accompanied by a statement to state legislatures emphasizing their obligations under the act.

Agreement for continuation of the program was reached following a compromise on Senate and House versions of the new bill. In reaching the compromise the conferees issued the following statement:\*

"The conferees on the part of both the House and the Senate have agreed to direct attention to the fact that in the consideration of funds for the school lunch program they have emphasized that it is essentially a local program and that the states have not done their full share in complying with the spirit of the matching provisions in the National School Lunch Act. The conferees of both houses have also agreed to direct attention to the fact that it has been repeatedly asserted that many state legislatures have adjourned without taking action to provide funds in the nature of contributions to the school lunch program. The conferees on the part of both houses desire to make it abundantly clear, therefore, that in connection with a re-examination of this matter for the Fiscal Year 1949, they are now placing the respective states on notice with respect to their obligations under this program and that failure of the state legislatures to act in the premises will have no effect in determining the future requirements of this program."

A bill to provide state funds for the school lunch program in California failed to pass in the last session of the Legislature.

\* Social Legislation Information Service, Inc., Issue No. 35.

### **Trichinosis Reported in L. A. County**

The Los Angeles County Health Department recently received its first report of a case of trichinosis in the county in two years.

County food and drug inspectors found the infected individual had eaten raw hamburger which was ground on the same machine that was used for grinding pork and sausage.

### **County, Sanitary District Both May Have Plumbing Ordinances**

When an unincorporated area and a sanitary district within it both have plumbing inspection ordinances, inspections may be carried out by representatives of the county and the district and fees are payable to both, the Attorney General states in an opinion on this subject requested by the Santa Clara County District Attorney.

Plumbing must comply with provisions of both ordinances, although in a direct conflict between the two, the district ruling prevails.

"If the directors and the supervisors find that there is a duplication of effort and unnecessary expense," the Attorney General stated, "they can arrange to coordinate the efforts of their inspectors and modify their respective ordinances accordingly."

### **U. S. C. Institute of Government**

The University of Southern California's Fourteenth annual Institute of Government will be held as a one-week short course from June 14-19 in 1948.

The institutes were established in 1928 but discontinued during the war.

### **Social Work Fellowships Offered**

Experienced social workers who already hold the master's degree are offered an advanced program to prepare them for teaching and administrative responsibilities by the School of Social Work, University of Pittsburgh, in cooperation with the winter Veterans Administration Hospital and the Menninger Foundation Field Training Center for Psychiatric Social Work.

Those who complete the course may secure a certificate for advanced psychiatric social work or a degree of Doctor of Social Work.

A limited number of \$2,400 fellowships are available. Further information may be obtained from the Mental Hygiene Society of Northern California, 1095 Market Street, Room 514, San Francisco 3.



### Medical Social Worker Examinations

Examinations for medical social workers, grades 1 and 2, will be held by the State Personnel Board on October 30, 1947. Final date for filing applications for either examination is October 9th.

Entrance requirements for both positions include the completion of a two-year post-graduate course in an accredited school of social work with specialization in medical social work. The grade 1 position requires, in addition, one year of full-time paid supervised experience in medical social work in a hospital or clinic. The grade 2 position requires two years of experience.

Salary ranges are \$268-\$325 and \$310-\$376 for grades 1 and 2, respectively.

Further information may be obtained from a local office of the State Personnel Board or by writing to 1015 L Street, Sacramento.

### Local Health Officer Change

The City of Isleton in Sacramento County is now under the supervision of the County Health Department. Formerly the health officer for this area was Dr. Godfrey Steinert.

### Stockton Typhoid Outbreak Traced to Cafeteria Worker

Laboratory tests and epidemiologic investigations made by the San Joaquin Local Health district indicate that the source of the typhoid outbreak on the Stockton campus of the College of the Pacific reported in the September 15th issue of *California's Health* probably is an employee of the college cafeteria.

Typhoid organisms were discovered in fecal specimens obtained from this employee and were found to be Imperfect V phage type. Of the 11 known cases in California and one in Idaho among students, specimens from 11 were also Imperfect V phage type. Specimens from one case have not yet been obtained. This seems to confirm the fact that the employee was the source of the infection.

From the history of one student who ate only one meal—the noon lunch—in the cafeteria on July 20th, that date and hour can apparently be fixed as the time when accidental food contamination occurred, undoubtedly as a result of improper hand washing. That this may have also occurred previously is indicated by the reporting of single typhoid cases in the student body during each of the three years, 1944-46. A positive Imperfect V culture was obtained from one of these cases, but the source of infection was not traceable in any of the three isolated instances.

### National Safety Council Issues 1947 "Accident Facts"

Backing its statements with a mass of figures, the National Safety Council has issued its 1947 edition of *Accident Facts*.

Some of the facts presented are these:

Accidents are the fourth most important cause of death in the United States, according to complete figures for 1945 and incomplete figures for 1946. The only diseases that caused more deaths were heart disease, cancer, and cerebral hemorrhage.

The 99,000 deaths caused by accidents that occurred in 1946 were only a part of the accident toll. In addition, approximately 10,400,000 persons were injured.

The most important type of accident fatality in 1946 was motor vehicle, with a total of 33,700. Falls were second with 26,400 deaths. These two types alone accounted for 61 percent of the accidental death total.

The accidental death rate in California per 100,000 population in 1946 was approximately 83.2, the 11th highest in the Nation.

Of the eight cities of over 500,000 population reporting, Los Angeles had the highest accidental death rate—62.2 per 100,000 population in 1946.

Among the cities of 100,000 to 250,000 population, the accidental death rate of Berkeley for 1946 was the lowest—27 deaths per 100,000 population.

Accidents were the leading cause of death among children in the 1-4 age group.

In 1945 accidents claimed five times as many lives in the 5-14 age group as heart disease, the second leading cause of death; and six times as many as pneumonia, the third leading cause.

### Two Cities Join "Blue Star" Program

The health departments of the cities of Oakland and Richmond are now participating in the "Blue Star" study program of the Venereal Disease Service, State Department of Public Health.

The program is concerned with the investigation of the effectiveness of penicillin treatment on ambulatory syphilis patients.

### Hospital Licensing Act Correction

In the discussion of the Hospital Licensing Act in the August 31st issue of this publication, the statement was made that, "The proposed provision that county, city and local hospital districts be covered by the act was stricken from the final version of the bill."

Actually, *only county hospitals* were "stricken" and the bill does cover city and local hospital district institutions.

### Additions to Film List

The film *When Bobby Goes to School* has been added to the library of the Bureau of Health Education, State Department of Public Health. It is a 25-minutes, 16 mm. sound film intended for parents. Prepared for the Mead Johnson Company, it emphasizes the need for a thorough physical examination by a competent physician for the young child before he starts school. A leaflet to accompany the picture is supplied.

*The Story of Menstruation* which is described in the motion picture and slide list appearing in the September 15th issue of *California's Health* is now ready for distribution. This film is recommended for showing separately to boys as well as girls of junior high school age. Since a pamphlet for distribution to girls accompanies the film, please indicate the number needed when requesting this title.

### Department of Education Names Two Consultants

The State Department of Education announces the appointment of the following consultants:

*Carson Conrad*, Consultant in Community Recreation in the Division of Health Education, Physical Education, and Recreation. Mr. Conrad has been director of recreation for Alhambra.

*Miss Beatrice Stoering*, Consultant in Education of Physically Handicapped Minors. Miss Stoering has had many years of experience in the education of handicapped children. Since 1946 she has been head teacher, first in the State's residential school for cerebral palsied children in Redwood City, and later at the School for Cerebral Palsied Children in Los Angeles.

### PHN Examination

An examination for the State Public Health Nursing Certificate will be held by the State Department of Public Health at 1 p.m. Friday, December 5, 1947, in San Francisco and Los Angeles. Applications for admission to the examination should be in the office of the State Department of Public Health not later than November 21, 1947.

Application forms and information in regard to requirements for admission to the examination may be obtained from the offices of the State Department of Public Health in San Francisco or Los Angeles. Completed applications should be sent to the Bureau of Public Health Nursing, State Department of Public Health, 760 Market Street, San Francisco 2, California.

Questions from previous examinations are not available to applicants.

### California Morbidity Report—August, 1947

#### Civilian Cases

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	8/9	8/16	8/23	8/30	Aug.	Aug., 1942-1946	Jan.-Aug., 1947
Amebiasis (Amoebic Dysentery)...	5	3	2	1	11		13
Anthrax.....							
Botulism.....							
Chancroid.....	8	15	10	6	39		6
Chickenpox (Varicella).....	95	83	101	45	324	382	31,774
Cholera, Asiatic.....							
Coccidioides granuloma.....	1	2	2		5		8
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum).....	1			1	2		3
Dengue.....							
Diarrhea of the newborn.....	1				2		13
Diphtheria.....	7	13	12	13	45	68	64
Dysentery, bacillary.....	2	2	5	2	11		7
Encephalitis, infectious.....	10	7	4	6	27	28	71
Epilepsy.....	26	26	28	37	117		1,091
Food poisoning.....	77	127	93	50	347		880
German measles (Rubella).....	19	21	34	33	107		1,779
Glanders.....							
Granulococcus infection.....	590	625	644	675	2,534	2,346	21,895
Granuloma inguinale.....	3	1			7		7
Influenza, epidemic.....	5	3	5		13		73
Jaundice, infectious.....	2	1	3	1	7		7
Leprosy.....				1	1		1
Lymphogranuloma venereum (lymphopathia venereum, lymphogranuloma inguinale).....	2	1	2	3	8		13
Malaria.....	11	2	1	14	28		7
Measles (Rubella).....	32	77	52	59	220	499	5,831
Meningitis, meningococcal.....	4	2	4	4	14	40	25
Mumps (Parotitis).....	147	116	164	95	522	919	13,690
Paratyphoid fever, A and B.....	18	1	4	1	24		16
Plague.....							
Pneumonia, infectious.....	17	15	21	10	63	173	1,288
Poliomyelitis, acute anterior.....	19	33	22	29	103	138	56
Psittacosis.....							
Rabies, human.....							
Rabies, animal.....		4	3	5	12	35	29
Relapsing fever.....	4	2	1	2	9		14
Rheumatic fever.....	12	8	15	8	43		89
Rocky Mountain spotted fever.....							
Scarlet fever.....	41	32	41	37	151	247	3,776
Septic sore throat, epidemic.....	5	3	5	3	16		34
Smallpox (Variola).....	407	379	390	417	1,593	2,488	15,632
Syphilis.....	2	1	1	1	5		8
Tetanus.....		7	1		8		3
Trachoma.....							
Trichinosis.....	1		1	1	3		17
Tuberculosis, pulmonary.....	167	159	141	142	609	669	6,231
Tuberculosis, other forms.....	7	15	21	15	58	47	48
Tularemia.....		2		1	3		3
Typhoid fever.....	5	4	3	11	23	16	199
Typhus fever.....	1	4			5		30
Undulant fever (Brucellosis).....	15	10	7	7	39	21	190
Whooping cough (Pertussis).....	194	182	169	155	700	669	7,481
Yellow fever.....							
					7,851		116,646

### New Health and Safety Code

A new edition of the California State Health and Safety Code, up to date through the 1947 regular legislative session, will be ready for distribution by the State Printing Office on approximately January 1, 1948.

Announcements of exact date of distribution, price and other particulars will appear in subsequent issues of *California's Health*.



